1986 TSD FACILITY ANNUAL DANGE PLEASE PRINT IN INK OR TYPE (form designed for use on Elite (12-pitch) typewriter).	ROUS WASTE REPORT	198	6 Form 5
1. FACILITY NAME	2. EPA/STATE IDENTIFICATI		DATE RECEIVED
HOME-POULENDINC.	WA D O O	9 2 8 2 3 0 2	
B. FACILITY LOCATION ADDRESS Street or Description (see instructions) City	State Zip	4. LOCATION	N COUNTY
2 2 9 E MARGINAL WAY S. SEATTLE	W A 9 8 1 0 8 -	KING	
5. MAILING ADDRESS AND CONTACT PERSON FOR ANNUAL REPORT CORRESP City	ONDENCE Contact P O D R A	B S K Y / G A R Y	
. O. B O X 8 O 9 6 3 SEATTLE		Phone 2 0 6 - 7 6	4-4450
6. MAILING ADDRESS AND CONTACT PERSON FOR FACILITY FEE CORRESPOND City City	DENCE Contact K 0 L B /	DANIEL B.	lnit: Date:
. O. B O X 8 O 9 6 3 SEATTLE		Phone 2 0 6 -7 6	4 - 4 4 5 0 Verified: Date:
STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES Primary 2869 16,885	9. POST-CLOSURE COST EST		END TO:  DEPARTMENT OF ECOLOGY
<ol> <li>REGULATORY STATUS—If your facility meets any of the conditions below, you are exempt from completing page 2 of the report. (Check the appropriate box)</li> </ol>	11. TOTAL WASTE IN STORAGE ON DE STORAGE METHOD AMOUNT W	. 52	HAZARDOUS WASTE SECTION ATTN. Annual Reports R/6 Mail Stop PV-11 Olympia, WA 98504-8711
No regulated wastes were treated, stored, or disposed of at this site.	(SO1C) Container (barrel, drum, etc.)	PI	hone Numbers for Assistance: (206) 459-6369
2. All wastes managed were produced by small quantity generators.	(SO2T) Tank, above ground 1176	100	6504 6305
3. All waste managed at this site was delisted or a petition approved for exemption of the waste pursuant to WAC 173-303-910 before calendar year 1986.	(SO2U) Tank, underground	\$\$ 7500 \$\$500.3	
	(SO3W) Waste Pile	DU DU	JE DATE:
4. The site has been closed (specify date:) and no waste management activities occurred during 1986.	(SO4S) Surface Impoundment		ostmarked No Later Than
5. Our company no longer owns or operates a business at this site and NO waste management activities occurred under our ownership during 1986.	(SO5O) Other		MARCH 1, 1987
6. Other (include a cover letter detailing your basis for exemption from reporting.)			·3604. •05. · 2 · 14. •
2. CERTIFICATION   1 certify under penalty of law that I have personally examined and am familiar with the information submitted in I information is true, accurate, and complete, I am aware that there are significant penalties for submitting false is	is and all attached documents, and that based on my inquiry of those ind		

Form 5 Page 1 of

	1980					FACILITY ANNUAL DANGEROUS WA	ASTE REPO	RT 1986	3	Form	5
13	IDENTIFICATION WADOO	NUMBER 9 2 8 2 3	0 2			14. GENERATOR'S EPA/STATE I.D. NUMBER NAI  10. NUMBER  W A D 0 0 9 2 8 2 3 0 2	KIIOHE-POU	rginal Way S.	;	ZIP: 98108	
LINE	15. WASTE IDEN  A.  Manifest Document Number	B. Date Shipment Received	C. Status	D. Physical State S=Solid L=Liquid G=Sludge M=Compre	E. Chemical Nature 0=Organic I=Inorganic seed Gas	F. Waste Description (see instructions)	G, Handling Method and Containment Vessel (see instructions)	H, Dangernus Wastn Numbur (see instructions)	I. Waste Designa- tion DW or EHW	J. Amount of Waste	K W G I G h
1			٠.	s	OI	Strainer Solids Contaminated with Copper from Van. Mf	g S <sub>1</sub> 0 <sub>1</sub> 2 <sub>1</sub> T + + +	D <sub>1</sub> O <sub>1</sub> O <sub>1</sub> 2	DW	120110	F
2				L	0	Spent Dichloromethane from Vanillin Lab Extraction	S <sub>1</sub> 0 <sub>1</sub> 1 <sub>1</sub> C	F <sub>1</sub> O <sub>1</sub> O <sub>1</sub> 2	EHW	1690	Р
3				L	. 0	Spent Non-halogenated Cleaning Solvent from Van. Shop	S <sub>1</sub> O <sub>1</sub> 1 <sub>1</sub> C	W <sub>1</sub> T <sub>1</sub> O <sub>1</sub> 1	EHW	846	Р
4				G	. 0	Spent Mineral Oil Sludge-Phenolic contam. fr. Van. Mf	g S 0 1 C 1 1 1	W <sub>1</sub> T <sub>1</sub> O <sub>1</sub> 2	DM	9702	.P
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6								111111			
7							111111	11111			
8							11111	+++++			
9						· ·		11111			
10							111111	1111			
11							1-1-1-1-1-1				
12							11111	11-1-1-1-1-			
13							+ + + + + + + + + + + + + + + + + + + +				
14							11111	111			
15	.	l				·	++++	+++			
16.	COMMENTS (Ente	er informatio	n by		and/o	r line number—see instructions).					
						•					

FORM ECV 030-12 (Rev. 11/86) -128-964-